

a pneumothorax can be recovered from. On the other hand, there are two distinct advantages in opening the pleural cavity. In the first place, owing to the collapse of the lung in the upper part of the thorax, the pericardium and heart are more completely exposed, and the operation thereby much facilitated; and, secondly, it permits of a thorough examination and cleansing of the pleural cavity from all blood clots, which one can never exclude with certainty, the pleura being in most cases wounded at the same time as the pericardium.

6. As regards the after-treatment, in addition to the usual treatment for haemorrhage an icebag kept over the heart continuously and hypodermics of morphine are extremely useful adjuncts for allaying the distress and pain. Complete rest in bed for at least three weeks after the injury must be thoroughly enforced for fear of embolism.

7. With regard to the "incision," I note that the trap-door method first used and described by Parozzani in Italy is recommended by some. This consists in making a horizontal incision along the fourth interspace dividing the superficial structures and the pleura, and a second incision vertical to this, dividing also the fifth, sixth, seventh, eighth, and ninth ribs, thus forming a trap door the hinges of which are the rib cartilages. I can see no necessity for such a radical procedure. The ordinary straightforward incision gives ample room, which could be further increased if necessary by making transverse incisions at right angles to it as suggested by Waring.

In conclusion, I have to thank the Surgeon-General (Dr. H. L. Clare) for his kind permission for the publication of this report.

## THE NASCENT IODINE TREATMENT OF LUPUS NASI.

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AN article appeared in the BRITISH MEDICAL JOURNAL of March 23rd, 1912, describing Dr. Pfannenstill's method of treating lupus and laryngeal tuberculosis by means of nascent iodine. As the results obtained in those instances were so satisfactory as compared with other methods of treatment, it was thought that it might with advantage be employed in a case that had hitherto resisted treatment. The patient selected was a definitely tuberculous girl 12 years of age, who in addition to lupus nasi had tuberculous kyphosis and scoliosis of nine years' duration, and had also at one time suffered from a tuberculous ulcer on the wrist which had healed rapidly under tuberculin treatment. Further, she had reacted strongly to the von Pirquet and the subcutaneous tuberculin tests.

These details are recorded because when Dr. Pfannenstill's report was first published the point was raised whether the cases cured by him were actually tuberculous and not syphilitic.

In this case, then, there was no doubt as to the diagnosis, for though Wassermann's test was not applied, there was no evidence obtainable that the lesion was syphilitic.

When the nascent iodine treatment was first instituted, she had been under the influence of that form of tuberculin known as B.E. for a period of six months, having begun with a dose of 100,000 mg. hypodermically, and had attained to so large a dose as  $\frac{1}{4}$  mg. without, however, its having exerted any appreciable effect upon the course of the disease. The technique employed in this instance was slightly modified, chiefly in the direction of simplification, as follows:

1. Instead of two solutions, only one was used; it consisted of 1 pint of a 3 per cent. solution of 10 volume hydrogen peroxide, to which had been added 1 oz. of acetic acid (B.P.).

2. The solution was applied hourly instead of every few minutes.

3. A spray was employed to make certain of attacking that portion of the disease that lay within the nasal cavity.

4. A "nosebag" of lint was extemporized to keep the gauze and gauze plugs in position.

5. Poultices were applied to remove the crusts before beginning the treatment, and were also resorted to at intervals during the course.

After treatment for a fortnight the patient was obviously much improved both in her local condition and in her general health. Up to this point the tuberculin injections were still being employed; these were now discontinued, and it was noted that during a period of one week the disease remained stationary. The injections were accordingly resumed, and benefit again began to accrue.

From this time onward the patient made steady progress until, eight weeks from the commencement of the treatment, the diseased surface had completely healed over with soft, smooth scar tissue, and the cure was complete.

It was thought advisable, however, to continue the administration of the sodium iodide and the tuberculin for a few days longer; but instead of the peroxide solution an application consisting of linimentum camphorae ammoniatum, with the addition of some tinctura capsici, was used locally as a counter-irritant. The peroxide was discontinued because it was considered probable that, the patch having healed, the solution was not being brought into actual contact with the disease should it be lying deeper. The sodium iodide, which was given in doses of  $7\frac{1}{2}$  grains by the mouth every four hours, did not produce any symptoms of iodism, nor was the latent phthisis aggravated by the treatment.

The patient, on being discharged, was instructed to report herself at once should the disease show any signs of fresh activity, but up to the present time—that is, two months later—this has not occurred.

The question that naturally suggests itself in this case is: Was the cure due to the nascent iodine treatment alone or to its use in conjunction with tuberculin?

On the one hand is the fact that six months' treatment by means of tuberculin alone had no effect upon the disease, which, on the contrary, continued to spread. And, on the other hand, when the tuberculin was discontinued, the disease remained stationary.

A reasonable explanation would be that the hydrogen peroxide merely acted as a counter-irritant, causing a local increase in amount of the antibodies produced by the tuberculin, whilst the iodide helped by exerting its usual beneficent influence on a strumous condition. In support of this contention may be cited the manner in which tuberculous glands often melt away under tuberculin injections combined with the local application of suction cups.

Whatever the explanation may be, the result was so eminently successful, both as regards cure and cosmetic effect, that the nascent iodine treatment of lupus calls for a wider publicity and a greater usage than it appears to have gained in this country.

I am indebted to Dr. H. Willoughby Gardner, Senior Physician of the Salop Infirmary, for his kind permission to publish the notes of this case.

THE Berliner Auskunfts- und Fürsorgestellen (Organization for Inquiry and Care), under the direction of Geheimrat Pütter, of the Charité Hospital, is one of the most beneficent institutions for the poor sick inhabitants of Berlin. Aid is given to people suffering from lung diseases, cancer, and to inebriates. It is particularly difficult to assist the latter and their families, as the authorities have very little power in such cases. Legally a drunkard can only be taken to the workhouse if he is so much addicted to drink and loafing that he is neither able to support himself nor those dependent on him and if public charity has to be called upon. As long as a drunkard is doing some work, be he treating his family ever so ill, no legal proceedings can be taken against him, and even the police are powerless unless some actual mischance has occurred. In cases like this the organization exerts its influence. Only a small percentage are cured of their drinking habits and brought back to regular work, but in about 50 per cent. of all cases the efforts to improve the impoverished circumstances of the families have been successful. Of the 1,277 cases of drunkenness which in 1912 became known to the organization, 60 were under the age of 30, 497 between 30 and 50, and 275 over 50 years old. The age of 445 could not be ascertained. Only 3 out of 1,277 were women.